Revision: HCFA-PM-91- 4 (BPD)

AUGUST1991

Supplement 1 to ATTACHMENT 4.19-B
Page 1
OMB No.: 0938
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Indiana

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES OTHER TYPES OF CARE

Payment of Medicare Part A and Part B Deductible/Coinsurance

Except for a nominal recipient copayment (as specified in Attachment 4.18 of this State plan), if applicable, the Medicaid agency uses the following general method for payment:

1. Payments are limited to State plan rates and payment methodologies for the groups and payments listed below and designated with the

letters "SP".

For specific Medicare services which are not otherwise covered by

For specific Medicare services which are not otherwise covered by this State plan, the Medicaid agency uses Medicare payment rates unless a special rate or method is set out on Page 3 in item ____ of this attachment (see 3. below).

- Payments are up to the full amount of the Medicare rate for the groups and payments listed below, and designated with the letters "MR."
- 3. Payments are up to the amount of a special rate, or according to a special method, described on Page 3 in item ____ of this attachment, for those groups and payments listed below and designated with the letters "NR".
- Any exceptions to the general methods used for a particular group or payment are specified on Page 3 in item ____ of this attachment (see 3. above).

TN No. $96-008$ Supersedes Approval Date $11-22-91$ TN No. $91-020$	Effective Date 10/1/96
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	LAN UNDER TITLE XI Perritory:	X OF THE SOCIAL SECURITY ACT ana
	•	ESTABLISHING PAYMENT RATES -
	OTHER T	YPES OF CARE
<u>Payment</u>	of Medicare Part A	and Part B Deductible/Coinsurance
QMBs: Part	A MR Deductible	s <u>MR</u> Coinsurance
Part	B MR Deductible	s <u>MR</u> Coinsurance
	A MR Deductible	s <u>MR</u> Coinsurance
Medicaid Recipients Part	B MR Deductible	s <u>MR</u> Coinsurance
	A MR Deductible	s <u>MR</u> Coinsurance
Eligible (QMB Plus) Part	B MR Deductible	s <u>MR</u> Coinsurance
TN No. <u>96-008</u> Supersedes A TN No. <u>91 - 020</u>		-22-96 Effective Date 10/1/96

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	STATE PLAN UNDER	TITLE XIX OF	THE SOCIAL SEC	URITY ACT		
	State/Territory:	Indiana				
	METHODS AND STAND	OARDS FOR ESTA		NT RATES -		
Payment of Medicare Part A and Part B Deductible/Coinsurance						
	Not applicable					

TN No. 96-008
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